UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re: LEO RAVAL HUGO	Case No. 18-02207
Debtor(s)	

CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT

Tom Vaughn, chapter 13 trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C. § 1302(b)(1). The trustee declares as follows:

- 1) The case was filed on 01/25/2018.
- 2) The plan was confirmed on NA.
- 3) The plan was modified by order after confirmation pursuant to 11 U.S.C. \S 1329 on \underline{NA} .
- 4) The trustee filed action to remedy default by the debtor in performance under the plan on \underline{NA} .
 - 5) The case was dismissed on 06/27/2018.
 - 6) Number of months from filing to last payment: <u>3</u>.
 - 7) Number of months case was pending: 7.
 - 8) Total value of assets abandoned by court order: NA.
 - 9) Total value of assets exempted: NA.
 - 10) Amount of unsecured claims discharged without payment: \$0.00.
 - 11) All checks distributed by the trustee relating to this case have cleared the bank.

Receipts:

Total paid by or on behalf of the debtor \$1,200.00 Less amount refunded to debtor \$0.00

NET RECEIPTS: \$1,200.00

\$1,200.00

Expenses of Administration:

Attorney's Fees Paid Through the Plan

Court Costs

Trustee Expenses & Compensation

Other

\$1,142.20
\$57.80
\$57.80

TOTAL EXPENSES OF ADMINISTRATION:

Attorney fees paid and disclosed by debtor: \$400.00

Scheduled Creditors:						
Creditor	CI.	Claim	Claim	Claim	Principal	Int.
Name	Class	Scheduled	Asserted	Allowed	Paid	Paid
CROWN MORTGAGE	Secured	108,000.00	NA	NA	0.00	0.00
FIRST NATIONAL BANK OMAHA	Unsecured	NA	5,573.33	5,573.33	0.00	0.00
GOTTLIEB MEMORIAL HOSPITAL	Unsecured	7,325.11	NA	NA	0.00	0.00
INTERNAL REVENUE SERVICE	Priority	NA	1,000.00	1,000.00	0.00	0.00
INTERNAL REVENUE SERVICE	Secured	48,406.00	48,365.69	48,365.69	0.00	0.00
LOYOLA UNIV MED CENTER	Unsecured	124.20	NA	NA	0.00	0.00
MARILYN PELEGRINO	Unsecured	100,000.00	NA	NA	0.00	0.00
MARILYN PELEGRINO	Unsecured	NA	1,006,067.15	0.00	0.00	0.00
MIDWESTERN HEALTHCARE	Unsecured	52,056.61	1,006,067.15	1,006,067.15	0.00	0.00
NORTHLAKE FPD	Unsecured	918.40	NA	NA	0.00	0.00
PALLAN PRIMARY CARE LTD SC	Unsecured	570.00	NA	NA	0.00	0.00
US DEPT OF ED NELNET	Unsecured	7,998.01	7,993.19	7,993.19	0.00	0.00
VILLAGE OF ROUND LAKE BEACH	Unsecured	961.54	NA	NA	0.00	0.00
WOLF RIDGE CONDO ASSOC	Secured	NA	2,415.25	2,415.25	0.00	0.00
WOLF RIDGE CONDO ASSOC	Secured	2,371.11	NA	NA	0.00	0.00

Claim	Principal	Interest
Allowed	<u>Paid</u>	<u>Paid</u>
\$0.00	\$0.00	\$0.00
\$2,415.25	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$48,365.69	\$0.00	\$0.00
\$50,780.94	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$1,000.00	\$0.00	\$0.00
\$1,000.00	\$0.00	\$0.00
\$1,019,633.67	\$0.00	\$0.00
	\$0.00 \$2,415.25 \$0.00 \$48,365.69 \$50,780.94 \$0.00 \$0.00 \$1,000.00 \$1,000.00	Allowed Paid \$0.00 \$0.00 \$2,415.25 \$0.00 \$0.00 \$0.00 \$48,365.69 \$0.00 \$50,780.94 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$1,000.00 \$0.00 \$1,000.00 \$0.00 \$1,000.00 \$0.00

Disbursements:		
Expenses of Administration Disbursements to Creditors	\$1,200.00 \$0.00	
TOTAL DISBURSEMENTS :		<u>\$1,200.00</u>

12) The trustee certifies that, pursuant to Federal Rule of Bankruptcy Procedure 5009, the estate has been fully administered, the foregoing summary is true and complete, and all administrative matters for which the trustee is responsible have been completed. The trustee requests a final decree be entered that discharges the trustee and grants such other relief as may be just and proper.

Dated: 09/05/2018	By:/s/ Tom Vaughn	
	Trustee	

STATEMENT: This Unified Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.